# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

## CERTIFICATE OF DEATH

12287

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

**1. PLACE OF DEATH:**
County: Queen Anne's
City or town: Church Hill, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 8 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md. County: Queens Anne
City or town: Rockhold Ward No. 6
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

**3. (a) FULL NAME:** Nora Alice Burbrick

**3. (b) Social Security Number:** None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Wm J. Burbrick
6(c) If alive, give age: 82 years
7. Birth date of deceased (mo., day, yr.): May 13 - 1867
8. AGE: Years: 72 Months: 6 Days: 24 If less than one day: hrs. min.
9. Birthplace: Twins Mills - Talbot Co Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: James Logue
13. Birthplace: Talbot Co - Md
MOTHER 14. Maiden name: Miss Edgell
15. Birthplace: Talbot Co - Md
16. Informant: J. Leonard Burbrick
Address: Centreville, Md
17. Burial: (Burial, cremation, or removal. Which?) Date thereof: Dec 9 (month) (day) (year)
Cemetery or crematory: Centreville Md
Location: Chesterfield Cemetery
18. Funeral director: Baker Bros.
Address: Centreville. Md
19. Dec. 8 1939 (Date rec'd by registrar) W. H. Good Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 6 - 1939, at 4:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 27 - 1939, to Dec 6 - 1939, and that I last saw her alive on Dec 5 - 1939.

| Immediate cause of death | DURATION |
|---|---|
| Cerebral Hemorrhage | 10 days |
| Due to Arterio-Sclerosis & High Blood pressure | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: W. Harvey Fisher M. D. or other
Address: Centreville Md Date signed: 12/7/39

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JAN 6 1940
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

12288

**1. PLACE OF DEATH**

County Queen Anne's Registration Dist. No. 252

Village or City Centreville No. County Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

**2. FULL NAME** Jamie Burke If U. S. Veteran, specify WAR ...

(a) Residence: No. ... St., ... Ward. ... C. A. Co.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Burke

6. DATE OF BIRTH (month, day, and year) 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 60 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Cook

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) Queen Anne's (State or country) Md

FATHER

13. NAME Brown

14. BIRTHPLACE (city or town) Queen Anne's (State or country) Md

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) ... (State or country)

17. INFORMANT Lillian Single / daughter (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Carmichael Date Dec. 10, 1939

19. UNDERTAKER Austin W. Eddins (Address) Centreville, Md

20. FILED Dec. 9, 1939 Mamie E. Bright Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 1 1939 to Dec. 8 1939

I last saw h[illegible] alive on Dec. 4, 1939; deeth is seid to have occurred on the data stated abova, at 9 P m.

The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:

| | Data of onset |
|---|---|
| Chronic Valvular disease of the heart. | |

Othar Contributory Causes of Importance:

Diabetis Mellitus

Nama of operation ... Date of ...

Whet test confirmed diagnosis? ... Was thara an autopsy? ...

23. If deeth was dua to axtarnal causes (VIOLENCE) fill in also the following:

Accidant, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of Injury ...

24. Wes disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) H. E. McPherson M. D.

(Address) Centreville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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JAN 4 1940
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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82a)

12289

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

**1. PLACE OF DEATH:**
County: Prince George
City or town: Rural Chesterfield Rd
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): None
Stay in this community (yrs., or mos., or days): 30 years.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Prince George
City or town: Rural Chesterfield Rd Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

**3. (a) FULL NAME:** Fred W. E. Cole

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Single |

6 (b) Name of husband or wife:
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 26 1872

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 67 | 5 | 12 | hrs. min. |

9. Birthplace: Hanover Penna
(Town, county, and state)
10. Usual occupation: Milkhouse
11. Industry or business: Agt. Metal Roofing
FATHER 12. Name: William H. Cole
13. Birthplace: Penna
MOTHER 14. Maiden name: Mary Trennell
15. Birthplace: Pa
16. Informant: William Cole
Address: Chesterfield Rd

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 11 1939 (month) (day) (year)
Cemetery or crematory: Chesterfield Cem.
Location: Centreville, Md.
18. Funeral director: W. H. Good
Address: Church Hill
19. Dec. 10 1939 (Date rec'd by registrar) W. H. Good Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: December 8 1939, at 8 A M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 25 1939 to Dec 8 1939
and that I last saw him alive on Dec 7 1939

| Immediate cause of death | DURATION |
|---|---|
| (a) Bronchopneumonia | 1 week |
| Due to (b) Cerebral Hemorrhage | 24 hrs |
| Due to (c) | |
| Other conditions | |

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: None

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Norman S. Dudley M. D. other
Address: Church Hill Date signed Dec 8 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

12290

**1. PLACE OF DEATH** (161-d)

County Queen Anne's Registration Dist. No. 253

Village or City Stevensville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Baby Davidson If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. If nonresident give city or town and State

(Usual place of abode)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 7 1939

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stevensville Md
(State or country)

FATHER

13. NAME Chas. B. M. Davidson

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Lulu Beatrice Jackson

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT C. B. M. Davidson
(Address) Stevensville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Stevensville Date Dec 14, 1939

19. UNDERTAKER F. C. Thomas
(Address) Stevensville

20. FILED Dec 13, 1939 F. C. Thomas
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Dec 13, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Dec 12, 19 to Dec 13, 1939

I last saw him alive on Dec 12, 1939; death is said to have occurred on the date stated above, at 8 A m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Oedema of Lungs. | |
| | |
| | |
| | |
| Other **Contributary Causes** of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas E Snyder M. D.

(Address) Stevensville Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12291

Reg. Diat. No. 251

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
County: Queen Annes
City or town: Price - Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): None
Stay in this community (yrs., or mos., or days): 40-yrs

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md. County: Queen Anne
City or town: Price Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Annie Maria Eubert

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Single |

6 (b) Name of husband or wife
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 17 - 1858

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 81 | 5 | — | ____ hrs. ____ min. |

9. Birthplace: Queen Anne Co - Md
(Town, county, and state)
10. Usual occupation: House Keeper
11. Industry or business:
FATHER 12. Name: Wm "Henry" Eubert
13. Birthplace: Do not know
MOTHER 14. Maiden name: Miss M.E. Richardson
15. Birthplace: Do not know
16. Informant: Mrs C. T Halliday
Address: 19 W 30th St Wilmington Del
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 20-39 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville, Md
18. Funeral director: Barton Bro
Address: Centreville, Md.
19. Dec. 19 1939 (Date rec'd by registrar) W. H. Good Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 17 1939, at 3A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 13 1937, to Dec 17 1939, and that I last saw h e alive on Dec 15 1939.

| Immediate cause of death | DURATION |
|---|---|
| Myocarditis | |
| Due to Generalized Arteriosclerosis | years |
| Due to | |
| Other conditions: None | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: no

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: C R Layton MD
M. D. or other
Address: Centreville, Md Date signed 12-18-39

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JAN 6 1919
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

## CERTIFICATE OF DEATH

12292

Reg. Dist. No. 255

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

**1. PLACE OF DEATH:**

County: G C B

City or town: Crumpton Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: County:

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Lucretia Celeste Hartley

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Widowed |

B (b) Name of husband or wife: Benjamin F. Hartley

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): JUNE 27, 1861

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 78 | 5 | 13 | hrs. min. |

9. Birthplace: Brooklyn, N. Y.

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: Abraham Cruser

13. Birthplace: Princeton N. J.

MOTHER — 14. Maiden name: Mary C. Brower

15. Birthplace: New York State

16. Informant: Mrs. E. Hartley

Address: Crumpton

17. Burial — Date thereof: DEC. 13, 1939

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Crumpton Cem.

Location: Crumpton, Md.

18. Funeral director: Wm. H. Good

Address: Church Hill, Md.

19. 39 Dec 13 19 39 F M Clocks

(Date rec'd by regiatrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 10 1939, at 7.15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1930, to Dec 10 1939, and that I last saw h-- alive on Dec 10 1939.

| Immediate cause of death | DURATION |
|---|---|
| Cerebral Hemorrhage | |
| Due to Diabetes Mellitus | |
| Due to Chr. Nephritis | |
| Other conditions — | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE: C H Metcalfe M. D. or other

Address: Sudlersville, Md. Date signed 12/12/39

RECEIVED
JAN 9 1940
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

12293

**1. PLACE OF DEATH**

County Queen Anne Registration Dist. No. 254

Village or City Carmichael No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Viola Hutchins If U. S. Veteran, specify WAR

(a) Residence: No. Carmichael St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Barney Hutchins

6. DATE OF BIRTH (month, day, and year): 1912

7. AGE: Years 27 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): Oct. 1939

11. Total time (years) spent in this occupation: 8

12. BIRTHPLACE (city or town) (State or country): Queen Anne Co Md

FATHER

13. NAME: Sol. Green

14. BIRTHPLACE (city or town) (State or country): Queen Anne Co Md

MOTHER

15. MAIDEN NAME: Alice Sudler

16. BIRTHPLACE (city or town) (State or country): Queen Anne Co Md

17. INFORMANT (Address): Barney Hutchins Queenstown Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Carmichael Date: Dec. 19, 1939

19. UNDERTAKER (Address): Annie W. Eddins Centreville Md

20. FILED: Dec. 19, 1939 Helen M. Aldridge Loc. Registrar

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Dec. (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1939, to Dec 16, 1939

I last saw her alive on Dec 12, 1939; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Primary | |
| Tuberculous Peritoneum | 1 year |

Other Contributory Causes of Importance: None

Name of operation: Exploratory Laparotomy Date of: June 1939

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. R. Taylor M. D.

(Address) Centreville, Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

12294

**1. PLACE OF DEATH** (120)

County Queen Anne's Registration Dist. No. 254

Village or City Queenstown No. (rural) St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Elmer Staley

(a) Residence: No. Queenstown (rural) Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | Col | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-26-1921

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 17 | 11 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farm hand

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 11-39

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Staley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Ellis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) William Staley Queenstown

18. BURIAL, CREMATION, OR REMOVAL Place Carmichael Md. Date Dec. 4, 1939

19. UNDERTAKER Mrs. Annie Eddins (Address) Centreville Md.

20. FILED Dec. 4, 1939 Helen M. Aldridge Loc. Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Dec (Month) 2 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1939, to Dec 2, 1939

I last saw him alive on Dec 1, 1939; death is said to have occurred on the date stated above, at 7 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

| | Date of onset |
|---|---|
| Acute Gastro Enteritis | 11-18-39 |
| | |
| | |
| | |

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel J. Price M. D.

(Address) Queenstown

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

NB. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| **Other contributory causes of importance:** | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| **Other contributory causes of importance:** | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

## CERTIFICATE OF DEATH

12295

Reg. Dist. No. 253

**1. PLACE OF DEATH**
County: Queen Anne's
City or town: Stevensville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md County: Queen Anne's
City or town: Stevensville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Frederic J. Lee

**3. (b) Social Security Number** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | Colored | Single |

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 8, 1872

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 67 | 4 | 29 | ____ hrs. ____ min. |

9. Birthplace: Stevensville Md (Town, county, and state)

10. Usual occupation: House Work

11. Industry or business

FATHER
12. Name: Benjamin Lee
13. Birthplace: Stevensville, Md.

MOTHER
14. Maiden name: Harriet Brown
15. Birthplace: Kent Island - Md

16. Informant: Aquilla Lee
Address: Stevensville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 9-1939 (month) (day) (year)

Cemetery or crematory: Stevensville Col. Cemetery
Location: Stevensville

18. Funeral director: F. C. Thomas
Address: Stevensville

19. Dec 9 1939 F. C. Thomas
(Date rec'd by registrar) Local Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 7 1939, at 11.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 10 1939 to Dec. 6 1939, and that I last saw h[im] alive on Dec. 6th 1939.

| Immediate cause of death | DURATION |
|---|---|
| Arteriosclerosis | 3 Years |
| Due to Chronic interstitial nephritis (with high arterial tension) | 3 Years |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Theodor Sattelmaier M.D.
M. D. or other
Address: Stevensville Date signed: Dec 7. 1939.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

12296

(131)

**1. PLACE OF DEATH**

County Queen Anne's Registration Dist. No. 253

Village or City Chester No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Thomas Mealey If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | Col. | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Ann Saunders

6. DATE OF BIRTH (month, day, and year) Dec 19 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | 11 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Waterman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Tonging Oysters

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT James Mealey (Address) 523 S. Greene St Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL Place Chester Date Dec 5, 1939

19. UNDERTAKER F. C. Thomas (Address) Stevensville Md

20. FILED Dec 4, 1939 F. C. Thomas Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Dec. (Month) 2nd (Day) 1939. (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1939, to Dec 2, 1939, I last saw h[illegible] alive on Nov. 30, 1939; death is said to have occurred on the date stated above, at 1 10 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| and Senile Gangrene | about |
| Hypostatic Pneumonia | Nov 30 |
| Other Contributory Causes of importance: Cirrhosis | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodor Schlemmer M. D.

(Address) Stevensville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

12297

**1. PLACE OF DEATH**

County Queen Anne's (92-a) Registration Dist. No. 254

Village or City Grasonville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Lorena Pierson Neal If U. S. Veteran, specify WAR

(a) Residence: No. Grasonville St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE white

5. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (write the word) widowed

5a. If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Wm H Neal

6. DATE OF BIRTH (month, day, and year) Nov. 5th 1863

7. AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 | 1 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Dec 20. 39

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Orange Co, New York

FATHER

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT (Address) Mrs Jessie Ireland Grasonville, Md

18. BURIAL, CREMATION, OR REMOVAL, Place Grasonville, Md. Date Jan 2, 1940

19. UNDERTAKER (Address) Barton Bros Centreville, Md.

20. FILED Jan. 2, 1940 - Helen M. Aldridge Loc. Registrar

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Dec. (Month) 30th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25th 1925, to Dec. 29, 1939

I last saw her alive on Dec. 29, 1939; death is said to have occurred on the date stated above, at 2 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Epilepsy | 15 years ago? |

Other Contributory Causes of Importance:

| | |
|---|---|
| Arteriosclerosis endocarditis mitralis chronica | 1930 |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodor Sattelmaier M.D.

(Address) Stevensville

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(I)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12298

Reg. Dist. No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Queen Annes
City or town Chester
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) all her life

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Dec 7 — County Queen Annes
City or town Chester Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Clara E. Smith

**3. (b) Social Security Number** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | Colored | Married |

6 (b) Name of husband or wife James H. Smith
6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, and year) ~~Exact date unknown about 75 yrs~~

**8. AGE:** Years: About 75 | Months: — | Days: — | If less than one day: ____ hrs. ____ min.

9. Birthplace Chester Md (Town, county, and state)
10. Usual occupation House Wife
11. Industry or business In own home
FATHER 12. Name John Berry
13. Birthplace unknown
MOTHER 14. Maiden name unknown
15. Birthplace
16. Informant James H. Smith
Address Chester Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 8-1939 (month) (day) (year)
Cemetery or crematory Chester Col. Cemetery
Location Chester, Md.
18. Funeral director Frank C. Thomas
Address Stevensville
19. Dec 7— 39 (Date rec'd by registrar) F. C. Thomas Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH Dec 7— 1939 at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 7 1939 to Dec 7 1939
and that I last saw h[illegible] alive on Nov. 20 1939

| Immediate cause of death | DURATION |
|---|---|
| Valvular heart. | |
| Due to | |
| Due to | |
| Other conditions Arterio sclerosis | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Dr Chas E Snyder M. D. or other
Address Stevensville Date signed Dec 8

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

## CERTIFICATE OF DEATH

12299

Reg. Dist. No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Queen Anne's
City or town Chester
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 9 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md. County Queen Anne
City or town Chester Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Elizabeth Jane Golt Steele

**3. (b) Social Security Number** None

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Widow |

6 (b) Name of husband or wife William Steele Deceased 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 18 - 1859

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 80 | 1 | 0 | — hrs. — min. |

9. Birthplace Kent Co. Delaware (Town, county, and state)
10. Usual occupation House wife
11. Industry or business
12. FATHER Name Richard Golt
13. FATHER Birthplace Delaware
14. MOTHER Maiden name Unknown
15. MOTHER Birthplace
16. Informant Mr Elmer Golt
Address Chester Md.
17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) Dec (day) 21 (year) 1939
Cemetery or crematory Barretts Chapel Del
Location Near Frederica, Del.
18. Funeral director F. G. Thomas
Address Stevensville Md
19. (Date rec'd by registrar) Dec 19 1939 F. G. Thomas Local Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH Dec. 18 1939, at 8.30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1935 to Dec. 18 1939, and that I last saw h-- alive on Dec. 18 1939.

| | DURATION |
|---|---|
| Immediate cause of death Arterio clerosis | 4 Yrs |
| Due to chronic interstitial nephritis | |
| Due to Cerebral Thrombosis with hemiplegia | Dec. 16, 1939. |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Theodor Sattelmaier M. D. or other
Address Stevensville Date signed Dec. 19. 1939

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MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12300

(95-C)

## CERTIFICATE OF DEATH

Reg. Dist. No. 253

**1. PLACE OF DEATH:**

County Queen Annie's

City or town Chester
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) all her life

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Md County Queen Annie's

City or town Chester Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Georgeanna Thomas ~~Thomas~~

3. (b) Social Security Number none

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Benjamin Life Thomas Deceased

6(c) If alive, give age — years —

7. Birth date of deceased (mo., day, yr.) Dec 6th 1866

8. AGE: Years 73 | Months | Days | If less than one day hrs. min.

9. Birthplace Nr Wye Mills, Q.A. Co.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Oliver Lewis
13. Birthplace Kent Island Md.

MOTHER
14. Maiden name Don't know
15. Birthplace Don't know

16. Informant Cleveland Thomas

Address Chester Md

17. ~~Stevensville~~ Burial Date thereof Dec 7 - 39
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Stevensville Md

Location Stevensville

16. Funeral director Frank C. Thomas & Son

Address Stevensville

19. Dec 5 1939 F. C. Thomas
(Date rec'd by registrar) Local Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1939, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Dilatation of heart

Due to

Due to (Dead on arrival)

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas E. Myers M. D. or other

Address Stevensville Date signed Dec 5

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